



Bring the Arts To Life Make A Donation

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Payment Method

Check # _____

Credit Card # _____ CVV _____ Expiration Date ____/____

Signature _____

Donation Amount

\$25

\$50

\$120

\$240

\$360

\$500

\$ _____

In honor or memory of: _____

Purpose of donation: _____

(purpose is optional; if donation is intended for a specific program include this in the space above, e.g. General, Clay Studio, Gardens, etc.)

Give Your Time: Be A Volunteer

Event support

Committee work

Hoffman Gardens

Professional services (financial analysis, grant writing, etc.)

Phone _____

Our volunteer services coordinator will be in touch to discuss opportunities with you.

For Office Use Only

Date _____ Paid _____ Rec'd By _____

